

# **SAMPLE COMPLETED ASSESSMENT FORM 050**

Invoice Date

Invoice #

ASSESSMENT FOR QUARTER ENDING

Insurance Company Name and NAIC Number

Insurance Company address

Insurance Company address

**A FINE OF 5% WILL BE ASSESSED ON BALANCES NOT RECEIVED WITHIN 30 DAYS**

**Data for Public employers  
recorded in this column**

**PUBLIC EMPLOYERS**  
(0.354 of Premiums)

**PRIVATE EMPLOYERS**  
(0.049 of Premiums)

**Data for Public employers  
recorded in this column**

Total Standard Premiums  
for Assessed Insured

**\$7,595.28**

**\$ 1,546,348.00**

**Line used to record the standard  
premium for Public/Private  
employers assessed in quarter**

Assessment collected  
(Amount Due)

**\$2,688.73 (A)**

**\$ 75,771.05 (B)**

**Line used to record the calculated  
assessment for Public/Private  
employers**

# Employers Assessed

**8**

**453**

**Line used to record the number  
of Public/Private employers  
assessed for the quarter**

Please remit the quarterly assessment payment as follows:

1. MASS Industrial Accident Public Trust Fund

**\$2,688.73 (A)**

2. MASS Industrial Accident Private Trust Fund

**(B) \$ 75,771.05**

x 0.761

**\$ 57,661.77**

**Assessment due (Line B) above  
due to DIA in two checks, which  
will be credited to Trust and  
Special funds.**

3. MASS Industrial Accident Special Fund

**(B) \$ 75,771.05**

x 0.239

**\$ 18,109.28**

I hereby certify under penalties of perjury that all laws of the Commonwealth  
governing assessments and regulations therefore have been complied with and  
observed, and that all information is, to the best of my knowledge, correct.

Name:

**Jane Smith**

Signed

**Frank Jones**

Title:

Phone:

**123-456-7891**

Date:

**MMM-DD-YYYY**

E-mail address required for individuals preparing and signing this document

(if different)

Signers E-mail

**jsmith@insurer.com**

Preparers' e-mail

**fjones@insurer.com**

**E-mail addresses of both  
preparer and signer**

The DIA does not accept aggregated reporting information. Information is  
required for each company required to pay assessments. Incomplete forms will  
be considered to be delinquent and subject to the 5% fine.

Please visit the Assessment web-page at [www.mass.gov/dia](http://www.mass.gov/dia) for a sample of a  
properly completed Form 050.

THE COMMONWEALTH OF MASS/DIA'S TAX ID IS 046002284

All fields in red are  
required.